

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)			Date of This Filing <u>08/16/2016</u>	Date Stamp Page 1 of 5	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 880212	Report No. <u>163104-44</u>			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		No. of Pages <u>5</u>

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/08/2016	Hollywood Presbyterian Medical Center Los Angeles, CA 90027	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$130,138.00
08/12/2016	California Association of Hospitals and Health Systems Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$83,333.00
07/27/2016	Alvarado Parkway Institute La Mesa, CA 91942	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$12,722.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

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07/27/2016	Chinese Hospital San Francisco, CA 94133	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$56,476.00
07/27/2016	El Camino Hospital Mountain View, CA 94040	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$350,014.00
07/27/2016	Fairchild Medical Center Yreka, CA 96097	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$30,960.27

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07/27/2016	Loma Linda University Adventist Health Sciences Center Loma Linda, CA 92354	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$776,426.00
07/27/2016	Madera Community Hospital Madera, CA 93637	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$46,437.00
07/27/2016	San Antonio Community Hospital Upland, CA 91786 ID# 1282798	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$148,710.00

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07/27/2016	Scripps Health San Diego, CA 92121 ID# 497596	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$894,532.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
08/16/2016	California Democratic Party/Democratic State Central Committee of California Sacramento, CA 95811 ID# 741666	California Democratic Party/Democratic State Central Committee of California	\$1,000,000.00	
08/16/2016	No on 53 - Californians to Protect Local Control Sacramento, CA 95814 ID# 1378875	Proposition 53 Statewide	\$95,000.00	11/08/2016
08/16/2016	Yes on Proposition 52 - a coalition of California Association of Hospitals and Health Systems and non-profit health care orgs Sacramento, CA 95814 ID# 1362973	Proposition 52(52) Statewide	\$1,000,000.00	11/08/2016

Reason for Amendment: